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Bib Data Sheet

CONFIRMATION NO. 1097

<b>SERIAL NUMBER</b> 09/297,649	<b>FILING DATE</b> 11/09/2000 <b>RULE</b>	<b>CLASS</b> 436	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> 32873-154
<b>APPLICANTS</b> Jack L. Aronowitz, Del Ray Beach, FL; <i>Joel R. Mitchen, Pompano Beach, FL</i>				
<b>** CONTINUING DATA *****</b> ✓ THIS APPLICATION IS A 371 OF PCT/US98/19190 09/11/1998				
<b>** FOREIGN APPLICATIONS *****</b> ✓ UNITED STATES OF AMERICA 08929262 09/11/1997 <i>ERIC WINAKUR 605/309 A.U. 3736</i>				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i>		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 29	<b>TOTAL CLAIMS</b> 8
Examiner's Signature <i>[Signature]</i> Initials		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> Akerman Senterfitt & Eidson Suite 1600 350 Las Olas Boulevard Fort Lauderdale, FL 33301				
<b>TITLE</b> Noninvasive transdermal systems for detecting analytes				
<b>FILING FEE RECEIVED</b> 485	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	